

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|                                                                                           |                                               |                          |                                                                                  |                                               |                                                     |
|-------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <b>NAME OF FILER</b><br>Tom Torlakson for State Superintendent of Public Instruction 2010 |                                               |                          | <b>Date of This Filing</b> <u>10/06/2010</u>                                     | Date Stamp<br><br><br><br><br><br>Page 1 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)-34-8-9100                                          | <b>I.D. NUMBER</b> (if applicable)<br>1282317 |                          | <b>Report No.</b> <u>10062010-1</u>                                              |                                               |                                                     |
| <b>STREET ADDRESS</b>                                                                     |                                               |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                               |                                                     |
| <b>CITY</b><br>Sacramento                                                                 | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95841 | <b>No. of Pages</b> <u>3</u>                                                     |                                               |                                                     |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------|
| 10/05/2010    | Linda L. Holmes<br>Sacramento, CA 95818                                                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/Partner<br>School Facility Consultants                                                | \$4,000.00      |
| 10/06/2010    | David E. Kenney<br>Pico Rivera, CA 90660                                                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>David E. Kenny, Esq.                                                                | \$1,000.00      |
| 10/06/2010    | Michael Sullivan & Associates, P.C.<br>Los Angeles, CA 90045                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                 | \$1,000.00      |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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| <b>STREET ADDRESS</b>                                                                     |                                               |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                               |                                                     |
| <b>CITY</b><br>Sacramento                                                                 | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95841 | <b>No. of Pages</b> <u>3</u>                                                     |                                               |                                                     |

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|---------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------|
| 10/05/2010    | Alexander R. Murdoch<br>Davis, CA 95618                                                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>School Facility Consultants                                                       | \$4,250.00      |
| 10/05/2010    | Vanir Construction Management, Inc.<br>Sacramento, CA 95834                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                                 | \$5,000.00      |
|               |                                                                                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                 |                 |

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| <b>NAME OF FILER</b><br>Tom Torlakson for State Superintendent of Public Instruction 2010 |                                               |                          | <b>Date of This Filing</b> 10/06/2010<br><br><b>Report No.</b> 10062010-1<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 3 | <b>Date Stamp</b><br><br><br><br><br><br><br><br><br><br><b>Page 3 of 3</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)-34-8-9100                                          | <b>I.D. NUMBER</b> (if applicable)<br>1282317 |                          |                                                                                                                                                                                                |                                                                             |                                                     |
| <b>STREET ADDRESS</b>                                                                     |                                               |                          |                                                                                                                                                                                                |                                                                             |                                                     |
| <b>CITY</b><br>Sacramento                                                                 | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95841 |                                                                                                                                                                                                |                                                                             |                                                     |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|-------------------------------------|
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |

Reason for Amendment: